



Location Address: 1180 Rosemont Road • West Linn • OR 97068 • Phone: 503-557-4704 • Fax: 503-723-4251
Mailing Address: c/o City Hall • 22500 Salamo Road • Suite 1100 • West Linn • OR 97068

Membership Registration for the year **2016**

**THANK YOU
FOR
YOUR
SUPPORT!**

Please make checks payable to FACC.

\$ _____ Individual membership annual dues \$ 10.00

\$ _____ Couple membership dues \$ 15.00

\$ _____ Additional donation (tax deductible).

*Return completed form to front desk with check, or mail to
mailing address as shown.*

Please complete personal information below.

☐

New Member

☐

Renewal

Member Since: _____

Last Name: _____ First _____ Birth Month: _____

Last Name: _____ First _____ Birth Month: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email Address: _____

For Office Use Only:

Paid Cash: _____ Check #: _____ Date Paid: _____

Received by: _____

Entered by: _____ ID # _____

Comments: _____